

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

RECEIVED

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
03-022

2. STATE
Washington

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
Oct. 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 \$ 4,550,000

b. FFY 2005 \$4,550,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1-C to Attachment 3.1-A, pages 1 through 5

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Supplement 1-C to Attachment 3.1-A, pages 1 through 5

Washington 103-022

approved: 02/10/04

effective: 10/01/03

10. SUBJECT OF AMENDMENT:

Infant Case Management Services

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Dennis Braddock

13. TYPED NAME:

DENNIS BRADDOCK

14. TITLE:

Secretary

15. DATE SUBMITTED:

12/11/25/03 mailed *12-2-03*

16. RETURN TO:

Department of Social and Health Services

Medical Assistance Administration

925 Plum St SE MS: 45533

Olympia, WA 98504-5533

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

DEC - 3 2003

18. DATE APPROVED:

FEB 10 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

OCT - 1 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

Karen S. O'Connor

21. TYPED NAME:

Karen S. O'Connor

22. TITLE:

Associate Regional Administrator

**Division of Medicaid &
Children's Health**

23. REMARKS:

TESTIMONIAL: 12/2/03
(DATE)

Olympia
(CITY)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Washington

INFANT CASE MANAGEMENT SERVICES
(formerly Maternity Case Management Services)

A. Target Group:

The Department serves infants who are Medicaid clients and who meet high-risk criteria from three months of age through the month of the infant's first birthday. A high-risk infant:

1. Meets at least one of the following eligibility criteria:

a. Staff concern for the mother's ability to care for her infant specifically due to at least one of the following:

- Incarceration of the mother within the last year
- Developmental or cognitive delay of the parent(s)
- Mental health issue of the mother that is not being treated
- Physical impairment of the mother
- Postpartum depression
- 17 years of age or younger and lacks a supportive environment

-OR-

b. Staff concern for the safety of the infant specifically due to at least one of the following:

- Current domestic violence in the home with current partner or relative(s)
- Substance abuse by the mother within the last year
- Secondhand smoke exposure to the infant
- Child Protective Services (CPS) involvement within the last year
- Living in a homeless shelter, car, tent, or motel

-OR-

TN# 03-022
Supercedes
TN# 00-014

Approval Date:

FEB 10 2004

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Infant Case Management Services (cont.)

- c. Staff concern for infant health needs specifically due to at least one of the following:
- LBW (low birth weight - less than 5.5 pounds)
 - Premature birth (less than 37 weeks gestation)
 - Failure to thrive
 - Multiple births (twins or more infants)
 - Excessive fussiness/inadequate sleeping patterns of infant
1. Infant's parent(s) demonstrates need for a case manager's assistance in accessing medical services or other social and health services.
2. Title XIX targeted case management services may not be duplicated. This is clearly explained in the ICM Billing Instructions and training materials furnished to providers. If the high-risk infant and family are involved in services for another targeted group, ICM is closed and case management for the other targeted group is initiated. Examples are: HIV/AIDS case management; Children's Protective Services for the nursing intervention program; children placed in foster care; and Targeted Intensive Case Management for Chemically Abusing Mothers with children under the age of three.
- B. Areas of state in which services will be provided:
- ☒ Entire State
- ☐ Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than statewide.)
- C. Comparability of services:
- ☐ Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- ☒ Services are not comparable in amount, duration, and scope. Authority of Section 1915 (g) (1) of the Act is invoked to provide services without regard to the requirements of Section 1902 (a) (10) (B) of the Act.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Washington

Infant Case Management Services (cont.)

D. Definition of Services:

Infant case management is an ongoing process to assist eligible clients in gaining access to and effectively using necessary medical, educational, social and other services.

The core functions of the case manager are to provide or assist in providing:
Assessment: This component includes activities that focus on needs identification. Activities include assessment of an eligible individual to determine the need for any medical, educational, social, and other services. Specific assessment activities include: taking client history, identifying the needs of the individual, and completing related documentation. It also includes gathering information from other sources such as family members, medical providers, and educators, if necessary, to form a complete assessment of the Medicaid eligible individual.

Care Planning: This component builds on the information collected through the assessment phase and includes activities such as ensuring the active participation of the Medicaid eligible individual and working with the individual and others to develop goals and identify a course of action to respond to the assessed needs of the Medicaid eligible individual. The goals and actions in the care plan should address medical, social, educational, and other services needed by the Medicaid eligible individual.

Referral & Linkage: This component includes activities that help link Medicaid eligible individuals with medical, social, and educational providers and/or other programs and services that are capable of providing needed services. For example, making referrals to providers for needed services and scheduling appointments may be considered case management.

Monitoring/Follow-up: This component includes activities and contacts that are necessary to ensure the care plan is effectively implemented and adequately addressing the needs of the Medicaid eligible individual. The activities and contact may be with the Medicaid eligible individual, family members, providers, or other entities. These may be as frequent as necessary to help determine such things as (i) whether services are being furnished in accordance with a Medicaid eligible individual's care plan, (ii) the adequacy of the services in the care plan, and (iii) changes in the needs or status of the Medicaid eligible individual. This function includes making necessary adjustments in the care plan and service arrangements with providers.

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Infant Case Management Services (cont.)

- E. Qualifications of Providers: The Medical Assistance Administration will assign Medical Provider Numbers to the following for the provision of Case Management services:

1. Infant Case Managers

- a. A case manager will be either a professional or a paraprofessional under the direct supervision of a professional.
- b. Case managers will have a minimum level of work-related experience involving contact with the public in a client service setting as outlined in the Qualifications below.
 - A current professional of the integrated Maternity Support Services team (i.e., community health nurse, behavioral health specialist, and nutritionist).

-OR-

- A person with a Bachelor's (or Master's) degree in social service-related field such as: social work, behavioral sciences, psychology, child development, certified home and family life teacher, mental health counselor plus one year of experience working in community social services, public health services, crisis intervention, outreach and linkage program or other related field.

-OR-

- A paraprofessional with a two-year Associate of Arts (AA) degree in social services and two years of full time experience in community social services or related field. This staff person must receive monthly clinical supervision by a BA or Master's prepared person.

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Infant Case Management Services (cont.)

F. Case Management Agencies:

- a. Public or private social, health or education agencies employing staff with case manager qualifications.
- b. Demonstrate linkages and referral ability with essential social and health agencies and individual practitioners.
- c. Have experience working with low-income families, especially pregnant and parenting women and children.
- d. Meet applicable state and federal laws and regulations governing the participation of providers in the Medicaid program.

G. The state assures that there are no restrictions on a client's free choice of Providers in violation of Section 1902 (a) (23) of the Act.

- a. Eligible clients will have free choice to receive or not receive infant case management services.
- b. Eligible clients have free choice of the providers of infant case management.
- c. Eligible clients have free choice of the providers of other medical care under the plan.